

**WPE DEDUCTIBLE HMO/DEDUCTIBLE STANDARD  
PLAN  
PGM OPT P04 & SRCHG S01  
2006 MONTHLY COVERAGE REPORT**

Employer No. (EIN) 69-036-		Deduction Month	Coverage Month	Suffix
Employer Name			Group No.	
Single Contracts		Family Contracts		
1. Contracts in Effect Last Month:				
2. Additions Report: (+)				
3. Deletions Report: (-)				
4. Changes Report: "To" (+)				
5. Changes Report "From": (-)				
6. Contracts in Effect This Month:				
7. Plan	Suffix			
Standard – Dane	.A1	849.90	2121.60	
Standard – Milwaukee	.A2	989.50	2470.50	
Standard – Waukesha	.A3	916.00	2286.90	
Standard – Balance of State	.A4	916.00	2286.90	
State Maintenance Plan (SMP)	.A5	609.10	1519.30	
CompicareBlue Southeast	.11	546.90	1363.80	
CompicareBlue Northwest	.13	634.70	1583.30	
Dean Health Plan	.15	350.70	873.30	
CompicareBlue – Aurora/Family	.16	509.30	1269.80	
Humana – Eastern	.21	545.40	1360.10	
Humana - Western	.22	585.20	1459.60	
GHC - Eau Claire	.30	536.60	1338.10	
GHC - South Central	.35	368.60	918.10	
Gundersen Lutheran	.37	491.10	1224.30	
Unity – Community	.40	323.90	806.30	
WPS Prevea Health Plan	.47	453.20	1129.60	
Health Tradition	.55	472.80	1178.60	
Medical Associates HMO	.63	385.70	960.80	
MercyCare Health Plan	.64	365.10	909.30	
Network Health Plan	.70	383.50	955.30	
Physicians Plus – Meriter & UW	.74	346.70	863.30	
WPS Patient Choice Plan 1	.81	493.30	1229.80	
WPS Patient Choice Plan 2	.82	535.10	1334.30	
UnitedHealthcare – Southeast	.83	483.00	1204.10	
Unity - UW Health	.92	358.20	892.10	
UnitedHealthcare – Northeast	.94	408.60	1018.10	
8. Subtotals (No. of Contracts x Premiums)		8a	8b	
A. Employee Share =		(Line 8a + Line 8b)		
B. Employer Share =		9. Subtotal		
C. Total* (Lines A + B) =		10. Adjustments		
		(Line 9 + Line 10)		
		11. Grand Total*		

\* NOTE: Figure entered on line C must equal figure entered on line 11.

\*\* NOTE: Figure entered must correspond to this plan's entry on the summary.

Date (MM/DD/CCYY)	Prepared By	Telephone
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Check the type of employer contribution: ☐ Tiering ☐ 105%